

BEST AVAILABLE COPIE

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10/550584					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1		1		51							
2		1		1		52							
3		2		1		53							
4	1			1		54							
5	1			1		55							
6	1			1		56							
7	1			1		57							
8	1			1		58							
9	1			1		59							
10	1			1		60							
11	1			1		61							
12	1			1		62							
13	1			1		63							
14	1			1		64							
15	1			1		65							
16	1			1		66							
17	1			1		67							
18	3			1		68							
19	3			1		69							
20	1			1		70							
21	3			1		71							
22	1			1		72							
23	3			1		73							
24	1			1		74							
25	1		1			75							
26	1		1			76							
27	1		1			77							
28	3		1			78							
29	3		1			79							
30	1		1			80							
31	3		1			81							
32	1		1			82							
33	1		1			83							
34	1		1			84							
35	3		1			85							
36	1		1			86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3		3			TOTAL IND.							
TOTAL DEP.	50	←	33	←	←	TOTAL DEP.	←	←	←	←	←	←	
TOTAL CLAIMS	53		36			TOTAL CLAIMS							